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FACSIMILE COVER SHEET

Deliver to: Hoye, Michael W., USPTO

Art Group: 2623

Facsimile No.: (571) 273-8300

Date: January 23, 2007

From: Ashley R. Essick, Reg. No. 55,515

Our Docket No.: 42390P11289

Number of pages 14; including this sheet.

Application No.: 09/819,163

Filing Date: 3/27/2001

Docket Due Date(s): 1/31/2007 |

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> (<u>10</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (<u> </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Certificate of _____	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Pat Sullivan 1/23/2007
Pat Sullivan Date

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/819,163
		Filing Date	March 27, 2001
		First Named Inventor	Shlomo Ovadia
		Art Unit	2623
		Examiner Name	Hoye, Michael W.
Total Number of Pages in This Submission	14	Attorney Docket Number	42390P11289

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Facsimile Transmittal Sheet </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Essick, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Ashley Essick</i>
Date	January 23, 2007

CERTIFICATE OF MAILING/TRANSMISSION			
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Signature	<i>Pat Sullivan</i>		

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FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 09/819,163
Filing Date March 27, 2001
First Named Inventor Shlomo Ovadia
Examiner Name Hoyer, Michael W.
Art Unit 2623
Attorney Docket No. 42390p11289

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Excess Claims	Fee from below	Fee Paid
17	24*	0	0
Independent Claims	3	0	0
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	25		Claims in excess of 20
1201	2201	100		Independent claims in excess of 3
1203	2203	180		Multiple Dependent claim, if not paid
1204	2204	395		**Reissue independent claims over original patent
1205	2205	150		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

*for number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	2051	65		Surcharge - late filing fee or oath
1052	2052	25		Surcharge - late provisional filing fee or cover sheet
2053	2053	130		Non-English specification
1251	2251	60		Extension for reply within first month
1252	2252	225		Extension for reply within second month
1253	2253	510		Extension for reply within third month
1254	2254	795		Extension for reply within fourth month
1255	2255	1,080		Extension for reply within fifth month
1401	2401	250		Notice of Appeal
1402	2402	230		Filing a brief in support of an appeal
1403	2403	500		Request for oral hearing
1451	2451	1,510		Petition to institute a public use proceeding
1480	2480	130		Petitions to the Commissioner
1807	1807	50		Processing fee under 37 CFR 1.17(a)
1806	1806	180		Submission of Information Disclosure Stmt
1809	1809	395		Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	385		For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type)	Ashley R. Essick	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature	<i>Ashley Essick</i>	Date	01/23/07		

Complete (if applicable)

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (Rev.) 12/15/2004.
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FEE TRANSMITTAL for FY 2006

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☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 09/819,163
Filing Date March 27, 2001
First Named Inventor Shlomo Ovadia
Examiner Name Hoye, Michael W.
Art Unit 2623
Attorney Docket No. 42390p11289

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
17	0	50.00	\$0.00
Independent Claims 3	0	200.00	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	25		Claims in excess of 20
1201	2201	100		Independent claims in excess of 3
1203	2203	180		Multiple Dependent claim, if not paid
1204	2204	395		**Reissue independent claims over original patent
1205	2205	150		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

***or number previously paid, if greater. For Reissues, see below*

2. ADDITIONAL FEES

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1252	2252	225		Extension for reply within second month
1253	2253	510		Extension for reply within third month
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1450	2480	130		Petitions to the Commissioner
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1806	1806	180		Submission of Information Disclosure Sheet
1809	1809	395		Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	395		For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type) Ashley R. Essick Registration No. 55,515 Telephone (303) 740-1980
Signature *Ashley Essick* Date 01/23/07

Complete (if applicable)

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004).
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Our Docket No: 42P11289

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Schlomo Ovadia

Application No.: 09/819,163

Filed: 03/27/2001

For: **SYSTEM AND RELATED
METHODS FACILITATING THE
RAPID DETECTION AND
ACQUISITION OF DATA
CHANNELS IN A CABLE
MODEM USING VARIOUS
MODULATION TECHNIQUES**

Examiner: **Hoye, Michael W.**

Art Group: 2623

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 10/31/2006, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

January 23, 2007

Date of Transmission

Pat Sullivan

Name of Person Transmitting Correspondence

Pat Sullivan
Signature

01/23/2007

Date